

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>2585/</u>	2 Fiscal Year Covered From <u>01 / 01 / 2005</u> Through <u>12 / 31 / 2005</u>
3 Name and address of person filing Name <u>THOMAS</u> <u>G</u> <u>KILPATRICK</u> P O Box Bldg Room No if any <u> </u> Street <u>938 KINGWOOD DR APT # 336</u> City <u>KINGWOOD</u> State <u>TEXAS</u> ZIP Code + 4 <u>77339</u>	4 Name file number and address of labor organization Name <u>AIR LINE PILOTS ASSOCIATION, INTERNATIONAL</u> Labor Organization File Number <u>000779</u> P O Box Building and Room Number if any <u> </u> Street <u>3808A WORLD HOLSTON PARKWAY</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77032</u>
5 Position in labor organization <u>CONTRACT ADMINISTRATOR</u>	

Enter appropriate data below if during the part fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name <u>CONTINENTAL AIRLINES INC</u> Trade Name if any <u> </u> P O Box Bldg Room No if any <u>HQSCA</u> Street <u>1600 SMITH STREET</u> City <u>HOUSTON</u> State <u>TEXAS</u> ZIP Code + 4 <u>77002-8662</u>	7 a Nature of Interest, Transaction or Income <u>ON LINE TRAVEL PURSUANT TO CBA AND CUSTOMARY INDUSTRY PRACTICE TO ATTEND UNION / COMPANY MEETINGS CONTINTEL LM-10 FILING INCLUDED.</u> 7 b Amount <u>\$1168.00</u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>W. Kilpatrick</u>	On <u>15 MAY 2006</u> Date	<u>281 987 3636</u> Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 **9** Business deals with☐ a Labor Organization☐ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's nameName Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 **11 a** Nature of such dealing**11 b** Approximate dollar value of such dealing **12 a** Nature of interest held or income received**12 b** Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 **14 a** Nature of payment**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment

FORM LM-10 EMPLOYER REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

For Official Use Only

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

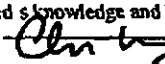
Part A

1 File Number E	2 Fiscal Year Covered From	Month/Day/Year (mm/dd/yyyy)	Through	Month/Day/Year (mm/dd/yyyy)
		01 / 01 / 2005		12 / 31 / 2005
3 Name and address of Reporting Employer (inc trade name if any). Employer Continental Airlines Inc Trade Name Attention To Chris T Kenny Title Vice President and Controller Mailing Address P O Box Bldg Room No If any Mail Code HQSCA Street 1600 Smith Street City Houston State Texas ZIP Code + 4 77002-7362		4 Name and address of President or corresponding principal officer if different from address in Item 3 Name P O Box Building and Room Number If any Street City State ZIP Code + 4		
5 Any other address where records necessary to verify this report will be available for examination Name Title Organization P O Box Building and Room Number If any Street City State ZIP Code + 4		6 Indicate by checking the appropriate box or boxes where records necessary to verify this report will be available for examination <input checked="" type="checkbox"/> Address in Item 3 <input type="checkbox"/> Address in Item 4 <input type="checkbox"/> Address in Item 5		
7 Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify)				

Signatures

~~Each of the undersigned, duly authorized officers of the above employer declares, under penalty of perjury, that the information contained in this report is true, correct, and complete. (See Section 440 on penalties in these instructions.)~~

The undersigned, duly authorized officer of the above employer declares, after good faith investigation and diligent inquiry that all of the information submitted in this report (including the information in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, as complete as possible based on existing and reconstructed records.

13 Signed 	President (if other title, see instructions)	14 Signed _____	Treasurer (if other title, see instructions)
Title Other (specify) Vice President and Controller		Title _____	
On 5/12/2006	713 344 1996	On 1/1	
Date	Telephone Number	Date	Telephone Number

Part A, Continued

Name of Reporting Employer Continental Airlines Inc

File Number E

8 Type of Reportable Activity Engaged In By Employer

Read the following questions and the accompanying instructions carefully taking into consideration the exclusions listed in the instructions for these items and check either "Yes" or "No" for each item. For each item that is answered "Yes" you must attach a Part B which appears on Page 3. Complete a separate Part B for each "Yes" answer to any of Items 8 a through 8 f. Also if the answer is "Yes" for more than one person or organization complete a separate Part B for each person or organization. If you answer "Yes" enter the number of Part Bs that are submitted for that item in the line indicated.

DURING THE FISCAL YEAR COVERED BY THIS REPORT

	YES	NO	If "Yes" number of Part Bs attached
8 a Did you make or promise or agree to make directly or indirectly any payment or to an of money or other thing of value (including reimbursed expenses) to any labor organization or to any officer agent shop steward or other representative or employee of any labor organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8
8 b Did you make directly or indirectly any payment (including reimbursed expenses) to any of your employees or to any group or committee of your employees for the purpose of causing them to persuade other employees to exercise or not to exercise or as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing without previously or at the same time disclosing such payment to all such other employees?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 c Did you make any expenditure where an object thereof directly or indirectly was to interfere with restrain or coerce employees in the right to organize and bargain collectively through representatives of their own choosing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 d Did you make any expenditure where an object thereof directly or indirectly was to obtain information concerning the activities of employees or of a labor organization in connection with a labor dispute in which you were involved?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 e Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof directly or indirectly was to persuade employees to exercise or not to exercise or as to the manner of exercising the right to organize and bargain collectively through representatives of their own choosing or did you make any payment (including reimbursed expenses) pursuant to such an agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0
8 f Did you make any agreement or arrangement with a labor relations consultant or other independent contractor or organization pursuant to which such person undertook activities where an object thereof directly or indirectly was to furnish you with information concerning activities of employees or of a labor organization in connection with a labor dispute in which you were involved or did you make any payment pursuant to such agreement or arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0

TOTAL NUMBER OF PART Bs FOR THIS REPORT IS 8

Part B

Name of Reporting Employer Continental Airlines Inc	File Number E
---	---------------

Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
---	--	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

9.a <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both		9.c. Position in labor organization or with employer (if an independent labor consultant, so state) N/A
9.b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made Name N/A P O Box, Building and Room Number if any Street City State ZIP Code + 4		9.d Name and address of firm or labor organization with whom employed or affiliated Organization Air Line Pilots Association P O Box, Building and Room Number if any Street 3808-A World Houston Parkway City Houston State Texas ZIP Code + 4 77032
10.a Date of the promise agreement or arrangement pursuant to which payments or expenditures were agreed to or made April 1 2005		10.b. The promise, agreement or arrangement was: <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
11.a Date of each payment or expenditure (mm/dd/yyyy)	11.b Amount of each payment or expenditure	11.c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property)
04/01/2005	404 963	Reimbursement pursuant to the CBA
12. Explain fully the circumstances of all payments including the terms of any oral agreement or understanding pursuant to which they were made Reimbursement required by collective bargaining agreement (CBA*) Please refer to CBA attached		

Part B

Name of Reporting Employer: Continental Airlines Inc	File Number
--	-------------

Check Item Number (from Page 2) to which this Part B applies	ITEM 8 a <input checked="" type="checkbox"/>	ITEM 8 b <input type="checkbox"/>	ITEM 8 c <input type="checkbox"/>	ITEM 8 d <input type="checkbox"/>	ITEM 8 e <input type="checkbox"/>	ITEM 8 f <input type="checkbox"/>
--	--	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------	-----------------------------------

9.a <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both		9.c Position in labor organization or with employer (If an independent labor consultant so state) Non-Employee Union Official/Cons
9.b Name and address of person with whom or through whom a separate agreement was made or to whom payments were made Name Thomas Kilpatrick P O Box, Building and Room Number if any Street 3808-A World Houston Parkway City Houston State Texas ZIP Code +4 77032		9.d Name and address of firm or labor organization with whom employed or affiliated Organization Air Line Pilots Association P O Box, Building and Room Number if any Street 3808 A World Houston Parkway City Houston State Texas ZIP Code +4 77032
10.a Date of the promise, agreement or arrangement pursuant to which payments or expenditures were agreed to or made N/A		10.b The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written <input type="checkbox"/> Both ("Written agreements entered into during the fiscal year must be attached.")
11.a Date of each payment or expenditure (mm/dd/yyyy)	11.b Amount of each payment or expenditure	11.c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property)
01/12/2005	99	On line travel (in-kind)
01/14/2005	99	On line travel (in-kind)
03/04/2005	99	On line travel (in-kind)
04/27/2005	99	On line travel (in-kind)
04/29/2005	99	On line travel (in-kind)
12. Explain fully the circumstances of all payments including the terms of any oral agreement or understanding pursuant to which they were made On-line travel pursuant to CEA (attached) and customary industry practice provided at union official's request		

Name of Reporting Employer Continental Airlines Inc		File Number E
11 a Date of each payment or expenditure (mm/dd/yyyy)	11 b Amount of each payment or expenditure	11 c Kind of each payment or expenditure (Specify whether payment or loan and whether in cash or property)
10/15/2005	169	On-line travel (in-kind)
10/19/2005	84	On-line travel (in-kind)
10/20/2005	84	On line travel (in-kind)
10/23/2005	84	On line travel (in-kind)
10/25/2005	84	On line travel (in-kind)
11/01/2005	84	On line travel (in-kind)
11/03/2005	84	On line travel (in-kind)